

Suggested Work Plan Format Including Evaluation

- Please Note: This example does not list individuals or staff positions responsible for gathering data (Box 8), responsible for accomplishing the objective (Box 9), and responsible for accomplishing the activity (Box 11). This is very important information that you need to complete for your particular work plan.
- As the objectives in this work plan are time phased, specific dates for each activity are not required (Box 12). However, setting target dates for activity completion will help you in planning your program.

1. SEA, LEA, or TEA Kentucky

2. Priority: CSHP

3. 3 rd year Goal I: Strengthen collaborative partnerships to provide coordinated support to schools, communities, and local health departments in implementing a CSH plan.			
4. 3 rd Year objective 1: By the end of the fiscal year the CSH Interagency Committee will have developed partnerships with at least five school districts.			
5. Rationale for objective: Coordinating with school districts is imperative for implementing CSH plans that are cohesive.			
6. Measures of accomplishment a. School district representatives on CSH Interagency Committee. b. Meetings between school district and CSH Interagency Committee. c.Q25.	7. Data sources to measure accomplishment a. Membership roster and MOUs signed. b. Logs and minutes from meetings. c. Narrative account	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
10. Activities in support of this objective	11. Primary person(s) responsible for	12. Activity time line	

	accomplishing activity		
a. CSH Interagency comm. Identifies possible school districts for partnership			
b. Invite identified school districts to meet with CSH Interagency Comm.			
c. Meetings between CSH Interagency committee and identified school districts			
4. 3 rd Year objective 2: By the end of the fiscal year the CSH Interagency Committee will have developed partnerships with at least three communities.			
5. Rationale for objective: Coordinating with communities is imperative for implementing CSH plans that are cohesive.			
6. Measures of accomplishment a. Community representatives on CSH Interagency Committee. b. Meetings between community members and CSH Interagency Committee. c. Q25.	7. Data sources to measure accomplishment a. Membership roster and MOUs signed and on file. b. Logs and minutes from meetings. c. Narrative account.	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity	12. Activity time line	
a. CSH Interagency comm. identifies possible communities/members for partnership.			
b. Invite identified community members to meet with CSH Interagency Comm.			
c. Meetings between CSH Interagency committee and identified.			

communities/members		
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4. 3 rd Year objective 3: By the end of the fiscal year, the CSH Interagency Committee Evaluation system (including at least two data collection tools and one data management system) will be developed.			
5. Rationale for objective: Evaluation system is necessary to ensure the efficient/effective collaboration between groups. This will be a method to collect data to be able to determine if the collaboration is actually working and what may need to be changed to improve effectiveness.			
6. Measures of accomplishment a. Data collection tools developed. b. Data management system developed. c. Q25.	7. Data sources to measure accomplishment a. Two Completed data collection tools. b. Completed and functional data base. c. Narrative account.	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity	12. Activity time line	
a. Determine goals/objectives for an evaluation system.			
b. Determine if an outside evaluator is needed to develop data collection tools.			
c. Develop two data collection tools.			
d. Work with data management group to develop a data management system for evaluation data.			
3. 3 rd year Goal II: Increase the number of schools and school districts that implement effective policies, environmental change, and educational strategies to address PANT by increasing the number of schools and districts that implement coordinated school health programs.			
4. 3 rd Year objective 1: By the end of the fiscal year one model school health policy will be distributed to 20% of Kentucky school districts.			

<p>5. Rationale for objective: To ensure that Kentucky schools have effective policies and strategies in place to address PANT. Policy implementation is necessary and developing an appropriate model school health policy for distribution is necessary. By slowly implanting the policy into a small number of schools, we can see how it is accepted, incorporated, etc. to ensure appropriate dissemination to the rest of the Kentucky schools.</p>			
<p>6. Measures of accomplishment</p> <p>a. Model school health policy identified.</p> <p>b. Model school health policy distributed to Kentucky school districts through trainings.</p> <p>c. Indicator 6.</p>	<p>7. Data sources to measure accomplishment</p> <p>a. Record of distribution of policy to recipients.</p> <p>b. Logs from trainings held.</p> <p>c. Record of number of trainings, number of attendees, number of districts, schools, and external partners reached.</p>	<p>8. Primary person(s) responsible to gather data</p>	<p>9. Primary person(s) responsible for accomplishing objective</p>
<p>10. Activities in support of this objective</p> <p>a. Research model CSHP policies.</p> <p>b. Recommend policy to policy makers.</p> <p>c. Policy makers adopt model CSH policy.</p> <p>d. Select pilot schools to disseminate model policy.</p>	<p>11. Primary person(s) responsible for accomplishing activity</p>	<p>12. Activity time line</p>	
<p>4. 3rd Year objective 2: Each year an additional 10% of Kentucky schools and school districts implement CDC’s eight-component CSH model.</p>			
<p>5. Rationale for objective: CDC’s eight-component CSH model has been shown to be an effective model for schools and school districts to implement a variety of policies, educational strategies, and other changes to school health and specifically PANT issues.</p>			
<p>6. Measures of accomplishment</p>	<p>7. Data sources to measure</p>	<p>8. Primary person(s)</p>	<p>9. Primary person(s)</p>

a. Increase of ten% in schools implementing eight-component model.	accomplishment a. Record from meetings and TA of schools that report implementing the CDC eight-component CSH model.	responsible to gather data	responsible for accomplishing objective
b. Increase of 10% in school districts implementing eight-component model.	b. Record from meetings and TA of school districts that report implementing the CDC eight-component CSH model.		
c. Indicator Q25.	c. Narrative account.		
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity	12. Activity time line	
a. Offer resources on CDC 8-component model to local agencies.			
b. Hold meetings to discuss model and implement process in Kentucky for local agencies.			
c. Provide TA to local agencies on eight-component model.			
d. 2 CSHP resources for the eight-component model are developed.			
4. 3 rd Year objective 3: Each year an additional 10% of Kentucky schools and school districts implement evidence-based CSH strategies.			
5. Rationale for objective: The use of evidence-based CSH strategies will support the implementation of effective policies and strategies for CSH programs. These programs/strategies have a proven track record of effectiveness and are the ideal choice for programs/strategies to replicate.			
6. Measures of accomplishment a. Increase by ten% in the	7. Data sources to measure accomplishment a. Record of schools from	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective

number of schools implementing evidence-based CSH strategies.	meetings and TA that report implementing an evidence-based CSH strategy.		
b. Increase by 10% in the number of school districts implementing evidence-based CSH strategies.	b. Record of school districts from meeting and TA that report implementing an evidence-based CSH strategy.		
c. Indicator Q25.	c. Narrative account.		
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity	12. Activity time line	
a. Offer resources on evidence-based CSH strategies to local agencies			
b. Hold meetings to discuss evidence-based strategies and implement process in Kentucky for local agencies			
c. Provide TA to local agencies on an evidence-based CSH strategy			
d. 2 CSHP resources for the 8-component model are developed			
3. 3 rd year Goal III: Increase the number of schools and districts that integrate effective school-based programs, strategies, and data to reduce priority health risks for school-based youth.			
4. 3 rd Year objective 1: By the end of the fiscal year, a CSHP resource guide will be developed.			
5. Rationale for objective: By developing and promoting a CSHP resource guide, more likely that schools and school districts will be working from a common basis and develop and implement more integrated and effective programs and strategies to reduce priority health risks for school-based youth.			

6. Measures of accomplishment. a. Resource guide developed. b. Resource guide published. c. Indicator Q25.	7. Data sources to measure accomplishment. a. Resource guide published. b. Distribution list for resource guide. c. Narrative account.	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity	12. Activity time line	
a. Networking meetings between DOE and DOH to share resources.			
b. Resource guide committee developed.			
c. Resource guide materials compiled.			
d. Resource guide published.			
4. 3 rd Year objective 2: By the end of the fiscal year, a CSHP resource guide will be distributed to 75% of local schools, districts, local health departments, and other key stakeholders to strengthen CSHP, especially PANT issues.			
5. Rationale for objective: By ensuring 75% of schools, districts, local health depts., and key stakeholders have received the CSHP resource guide, you can be assured that these groups at least all have the same basic information and resources to work toward implementing integrated/effective CSHP, especially for PANT issues.			
6. Measures of accomplishment a. Resource guide disseminated to local schools, districts, local health departments, and other key stakeholders. b. Indicators: Q6-13A and 16A.	7. Data sources to measure accomplishment a. Logs of meetings where guide distribute and mailing lists for distribution. b. Numbers of resources distributed.	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective

10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity	12. Activity time line	
a. Develop list of interested groups to distribute resource guide to.			
b. Develop mailing list or methods of distribution.			
4. 3 rd Year objective 3: By the end of the fiscal year, reports on school health policies, YRBS data, and school health programs will be developed for use by CSHP stakeholders (including local schools and health departments, districts, and other key stakeholders).			
5. Rationale for objective: A main way that schools and districts can integrate appropriate CSH programs into their schools; they need to have the data for what is currently the situation to then be able to make informed decisions about targeting and choosing appropriate programs.			
6. Measures of accomplishment	7. Data sources to measure accomplishment	8. Primary person(s) responsible to gather data	9. Primary person(s) responsible for accomplishing objective
a. Reports on school health policies, YRBS data, and school health programs developed.	a. Publication of reports on school health policies, YRBS data, and school health programs.		
b. Indicators Q24 and 25.	b. Narrative account.		
10. Activities in support of this objective	11. Primary person(s) responsible for accomplishing activity	12. Activity time line	
a. YRBS implemented in schools.			
b. YRBS data analyzed and reported.			
c. SHPPS data compiled.			
d. Cohesive report put together.			
4. 3 rd Year objective 4: By the end of the fiscal year, reports on school health policies, YRBS data, and school health programs will be distributed for use by CSHP stakeholders (including local schools and health departments, districts, and other key stakeholders).			

<p>5. Rationale for objective: A main way that schools and districts can integrate appropriate CSH programs into their schools; they need to have the data for what is currently the situation to then be able to make informed decisions about targeting and choosing appropriate programs.</p>			
<p>6. Measures of accomplishment</p> <p>a. Reports on school health policies, YRBS data, and school health programs distributed to CSHP stakeholders.</p> <p>b. Indicators Q5C and 16A.</p>	<p>7. Data sources to measure accomplishment</p> <p>a. Number of trainings/meetings held to distribute materials, attendance logs for trainings/meetings, and number of reports distributed.</p> <p>b. Numbers of trainings, attendance logs and number of reports distributed.</p>	<p>8. Primary person(s) responsible to gather data</p>	<p>9. Primary person(s) responsible for accomplishing objective</p>
<p>10. Activities in support of this objective</p>	<p>11. Primary person(s) responsible for accomplishing activity</p>	<p>12. Activity time line</p>	
<p>a. Trainings/meetings organized to distribute reports.</p>			
<p>b. Compile mailing list/invitation list for stakeholders who need to receive reports.</p>			
<p>c. Send reports out.</p>			

Work Plan Instructions

1. **SEA, LEA, TEA:** the state, city, or territory in which your project takes place.
2. **Priority:** the priority under which your work is funded (e.g. HIV, CSHP, asthma, food safety, YRBS).
3. **3rd year Goal I:** a broad statement of program purpose which describes the expected long-term effects of a program. Goals should address the program's effect in reducing a health problem (e.g. HIV, obesity, tobacco-use prevention), and identify the target population to be affected (e.g. middle school students, school districts, health education teachers).
4. **3rd Year objective 1:** a statement describing the results to be achieved and the manner in which these results will be achieved. Objectives should be **SMART**, that is, **Specific**, **Measurable**, **Achievable**, **Realistic**, and **Time-phased**. **Specific** objectives include *who* will be targeted and *what* will be accomplished; **measurable** objectives include *how much* change is expected specifically enough that achievement of the objective can be measured through counting or through documenting change or completion; **achievable** objectives can be realistically accomplished given existing resources and constraints; **realistic** objectives address the scope of the problem and reasonable programmatic steps; and **time-phased** objectives provide a time line indicating when the objective will be measured or a time by which the objective will be met.
5. **Rationale for the objective:** why you think the objective will contribute to accomplishing the goal. You may refer to a logic model that shows the objective leading to the desired outcomes or you may provide context that shows why this objective is necessary given your program's resources or constraints.
6. **Measures of accomplishment:** these are the quantifiable criteria that describe how you know if you succeeded in accomplishing an objective. Measures might include target numbers (e.g. 100 middle school health education teachers trained) or they might include quantifiable changes (such as middle school teachers having increased confidence in teaching a health education curriculum after attending a professional development event) or completion of an activity. To the extent possible, measures of accomplishment should be aligned with the *School Health Program Indicators*.
7. **Data sources to measure accomplishment:** data sources might include rosters, phone logs, agendas, surveys, observations, interviews, or focus groups. The data sources are used to assess whether an objective has been achieved and a summary of the data are reported to DASH. The data sources themselves are not provided to CDC. (You do not need to provide meeting rosters from an advisory meeting of school principals, for example. Data sources should be kept, however, and should be available on the request of your project officer during site visits, for example.) Data sources should be summarized to report

complete, partial, or unmet objectives in progress reports (only 20, not 40 people attended meetings; participants were school principals as intended, not other school staff; and the intended outcomes of the meetings were achieved).

8. **Primary person(s) responsible to gather data:** who is most responsible to gather and report on the data that measure whether objectives have been accomplished.
9. **Primary person(s) responsible for accomplishing objective:** who is most responsible to accomplish the objective.
10. **Activities in support of this objective:** describe anticipated events that take place as part of a program in support of the objective. Although we include only four activities in the work plan format for each objective, you should list all activities for each objective.
11. **Primary person(s) responsible for accomplishing activity:** who is most responsible to accomplish programmatic activities in support of the objective.
12. **Activity time line:** when you anticipate completing each activity.